Community Service Network 7 Meeting
DHHS Offices, Biddeford
June 12, 2008

Approved Minutes

Members Present:

- Don Burns, AIN
- Tony Thompson, MMC Employment Spec, CSN 7
- Chris Souther, Shalom House
- Mary Jane Krebs, Spring Harbor & SMMC
- Jen Ouellette, York County Shelters

Members Absent:

- Center for Life Enrichment (vacant)
- Common Connection/CCSM
- Counseling Services Inc. (excused)
- Harmony Center/CCSM
- Creative Work Systems
- Goodall Hospital
- Jeanne Mirisola, NAMI-ME Families (excused)
- Job Placement Services, Inc.
- Saco River Health
- York Hospital

Others/Alternates Present: Deborah Rousseau, MMC Employment Coordinator, CSNs 3-7; Melissa Johnson, VOA

Staff Present: DHHS/OAMHS: Don Chamberlain, Carlton Lewis. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The April minutes were approved as written.
III. Enrollments/RDS Updates	Don reported on the progress of data entry for enrollments and RDS (Resource Data Summary) information. Overdue entries have improved from 58% to approximately 30% by the May 15th deadline, but 15% mark must still be met. Some providers have received "Level II" contract notices from OAMHS, meaning that they must have a compliance plan in place to meet the 15% level in order to receive a contract for FY 2009. Don believes CSI has a compliance plan in place, but CSI was not present to confirm or discuss this. Don further explained this covers only cases already in the system, not the substantial number that have never been enrolled. As of August 1, APS Healthcare will take over the enrollment and RDS process and download to the state's EIS/RDS system, thus eliminating the need for providers to enter data into both systems. At that point, the many missing enrollments must be entered into their system in order for providers to receive payment for services. This and the required continuing stay reviews should result in current and accurate information. Don emphasized the importance of this data, since it drives unmet needs reports and complies with the Consent Decree as a basis for budget requests.
IV. Review of Crisis Data	Members received copies of Adult Mental Health Crisis Reports for the 3rd Quarter of State Fiscal Year 2008, including: 1) the statewide summary for all providers of adult crisis services, 2) individual data "face sheets" for each provider in the state, and 3) data packet(s) for the crisis provider(s) in their CSN (CSI in CSN 7). Don noted that the next round of reports will include percentages on the face sheets and pie charts will be better labeled. He also said that crisis providers are meeting later this month to address discrepancies in definitions and how data is reported/counted. Don reviewed the data with the group, and pointed out: • Lower than expected numbers re: those who have a community support worker whose wellness plan, crisis plan, ISP, or advanced directive plan was used in face-to-face contacts with crisis. (53 of 222 – CSN 7)

Agenda Item	Discussion
	• 72% of face-to-face contacts with crisis are seen in ER in CSN 7. OAMHS is looking to see people seen outside the ER. Some are seen appropriately there, i.e. those brought by police or others, but crisis providers send some there as well. Would like to drill down for reasons. Being seen in ER doesn't help unless person really needs to be there. Also, there are fiscal pressures involved if person is seen in ER—state is billed by both hospital and crisis provider. • OAMHS is especially interested in where the first contact is made—where do people enter the system? • CSN 7 has greater percentage of hospitalizations (voluntary/involuntary) than statewide percentage. • Overall statewide involuntary hospitalization numbers are lower than might be expected anecdotally. Member questions/comments: • Mary Jane reported that she and Jen Goodwin learned at a recent meeting(s?) with nursing home skilled nursing staff that most did not realize they could call crisis and have someone come to those facilities. • Does rurality of an area translate to more people being seen in the ER? A: Not sure. • What does "Admission to Shelter" mean [under Crisis Resolution], unless the crisis is being homeless…? That's not a final resolution, either… • One member made some calculations about numbers of calls a day, numbers of face-to-face contacts a day, etc., and had questions about staffing, meeting time deadlines, etc. This item will appear on a subsequent agenda when CSI can be present to talk about the data, Don stated.
V. Hospital and Crisis Communication	This item appeared on this agenda in error, so was not discussed. At this point, Don reviewed the upcoming work on crisis services statewide and reported on current and future activities: • The legislature directed the Department to save $500,000 through some consolidation and rework in each of the eight DHHS districts. • The original RFP plan for one provider per district was replaced with a proposal that all crisis providers, crisis stabilization unit providers, and hospitals within each district work out the savings and system consolidation/integration features by means of MOUs (Memorandums of Understanding). This is the first time hospitals are required to participate. • The goal is not necessarily one actual crisis agency per district, but it ought to perform like one. People coming into the system should feel like it's one organization. • The Department has established a work group to determine the parameters of crisis services and establish the distribution of funds per district. The six-member work group consists of a two staff from OAMHS, two from Children's Services, one family member, and one consumer. • CSN 2 recommended that provider input be included in this work group, Don said, and OAMHS has decided that the work group will seek provider information from each CSN in order to better understand how and why the current system operates as it does, both organizationally and financially. More consumer input by district will also be solicited.

VI. Unmet Needs Report	Participants received a multi-page report on the EIS/RDS enrollment and unmet needs data for the 3rd Quarter of FY 2008 (Jan-Mar) prepared by Helen Hemminger of the Muskie School in conjunction with OAMHS. Don re-emphasized the importance of this unmet needs data in budget planning and Consent Decree compliance, and the essentiality of it being up-to-date and complete. The system is programmed to determine if a need is *unmet* according to specific time parameters for each service category. The group reviewed each table in the materials, and noted that most of the changes between Qtr 2 and Qtr 3 probably reflect data cleaning and better reporting. Also noted: CSN 7 had 79% of its enrollments current compared with 69% statewide. Don said that community support workers are trained both in developing ISPs and in entering this information into the EIS/RDS system—though additional training may be needed. Consent Decree Coordinators (CDCs) and agencies do trainings, and CDCs review agency records and encourage careful data collection. OAMHS would appreciate help from agencies in reducing entries in the "other" subcategories, preferring that case managers use named categories if possible.
VII. Consumer Council Update	The Consumer Council System members were not present, but Don Burns reported that he understood the Council had narrowed its search for an Executive Director to two candidates. For more information on local councils and other activities, the website is www.maineccsm.org.
VIII. Legislative Session January 2009	Don briefly explained that initial budget work for FY 2010 begins in August and also encouraged members to raise issues for which they would like to see legislation submitted by OAMHS. Further discussion on both budget and bills will be on the August and following agendas.
IX. Community Integration and ACT Funding	Don explained the process for accessing general funds for Community Integration (CI) and ACT services, beginning Aug. 1: *(Please note: People currently receiving grant-funded CI and ACT services will continue to do so for the month of July.)* • OAMHS chose not to assign dollars to agencies as in the past, but to pool the funds and disburse on a case-by-case basis. • All CI providers will have access to the funds. CI provider contracts will contain a "not to exceed" dollar amount—a technical fiduciary requirement in order to disburse funds for those services. The amount may be amended, if necessary. • The process is to apply through APS Healthcare and register for prior authorization (PA) in the same way it is done for MaineCare services. APS will give the PA and do reviews for continued services. The difference is the payor—providers will bill OAMHS and OAMHS will match the authorization with the invoice and process payment. • OAMHS is working to finalize the eligibility criteria list--so far it includes: o People coming out of hospitals o People coming out of jails o People coming out of CSUs (crisis stabilization units) o People on spend-down with income under 150% of poverty level o People on SSI/SSDI under 150% of poverty level • APS will screen for eligibility using the final criteria list.

	• Dollars will be distributed by CSN, by the number of people with SMI (severe mental illness). This number will be calculated using the population of adults and the percentage of the population that is expected to have SMI, as determined by the National Institutes of Health. • Small amount for Daily Living Skills is included in this funding pool. • IMPORTANT: People already receiving grant-funded CI services will continue to do so in the usual manner through the end of July.
X. Transportation Subcommittee	As a relatively new member of the CSN and the transportation subcommittee, Don Burns asked the group for clarification and direction about whether it would be helpful for Connie Garber of YCCP to come to a CSN meeting. Connie is very willing to come if the purpose and information desired is well defined. The group could not clearly recall the initial tasks of the subcommittee; though members did indicate its work should be focused on problem solving rather than gathering information. **ACTION:** Don B. agreed to go back through the meeting minutes to better clarify the subcommittee's initial tasks and determine if it would be helpful to invite Connie.
XI. Other	**MMC Employment Specialist Initiative Update** CSN 7's Employment Specialist (ES), Eric "Tony" Thompson, introduced himself and shared his progress in this new position. He is hosted by CSI, and he has begun to build a caseload based on client responses to the "Need for Change" survey. Tony explained and distributed copies of the "Need for Change" tool, saying it is based on the research work of Dr. Edward Casper into why the employment rate for those with SMI is so low. Using the survey, clients self-rate to determine how satisfied or dissatisfied they are with their current employment or education. Deb Rousseau, Coordinator of the program for CSNs 3-7, also introduced herself and reported that initial steps are being taken to establish the Employment Service Network. It was noted that the Employment Specialists' services are to be available outside their host agencies, but this process has not yet been standardized across the CSNs.
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	See **ACTION** items above. Some CSNs have voted to cancel their July meetings, but CSN 7 voted to hold its regular meeting on July 10th. Review of CSI Crisis Data Legislative Session January 2009 Transportation Subcommittee Consumer Council System Update Employment Specialist Update